ENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART ( (Column 1)  |  |   |              |                               | (Column 2)                   |                  | SMALL ENTITY TYPE [] |                        | ΩP | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--------------|-------------------------------|------------------------------|------------------|----------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 20           |                               | (Cola                        | 1111 2)          | RATE                 | FEE                    |    | RATE                       | FEE                    |
|  |  |   |              |                               |                              |                  |                      |                        |    |                            | 770.00                 |
| FOR  |  |   | NUMBER FILED |                               | NUMB                         | ER EXTRA         | BASIC FEE            | 385.00                 | OR | BASIC FEE                  | 770.00                 |
| TC   | TAL CHARGEA                                    | BLE CLAIMS                                | 20 minus 20= |                               | *                            |                  | X\$ 9=               |                        | OR | X\$18=                     |                        |
| INC  | EPENDENT CL                                    | AIMS                                      | 3 minus 3 =  |                               | *                            |                  | X43=                 |                        | OR | X86=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |                               |                              |                  | +145=                |                        | OR | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter   |  |   |              |                               | r "0" in c                   | column 2         | TOTAL                | 3A4 -                  | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |  |   |              |                               |                              |                  |                      |                        |    | OTHER                      |                        |
|  |  | (Column 1)                                |              | (Colum                        |                              | (Column 3)       | SMALL                |                        | OR | SMALL                      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                            |                              | =                | X\$ 9=               |                        | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus        | ***                           |                              | =                | X43=                 |                        | OR | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                              |                  | +145=                |                        | OR | +290=                      |                        |
|  |  |   |              |                               |                              |                  | TOTAL                | <u> </u>               |    | TOTAL                      |                        |
|  |  |   |              |                               |                              |                  | ADDIT. FEE           | L                      | OR | ADDIT. FEE                 |                        |
| _  | T  | (Column 1) CLAIMS                         | 1            |                               | mn 2)<br>HEST                | (Column 3)       |                      | ADDI                   | 1  |                            | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI                  | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | TIONAL<br>FEE          |
|  | Total  | *   | Minus        | **                            |                              | =                | XS 9=                |                        | OR | X\$18=                     |                        |
|  | Inaependent                                    | *   | Minus        | ***                           |                              | =                | X43=                 |                        | OR | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                              |                  | 1.15                 | †                      | 1  | +290=                      | 1                      |
|  |  |   |              |                               |                              |                  | +145=                |                        | OR | TOTAL                      | <del> </del>           |
|  |  |   |              |                               |                              |                  | ADDIT FEE            | L                      | OR | ADDIT. FEE                 |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                               |                              |                  |                      |                        |    |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV                   | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                            |                              | =                | X\$ 9=               | <u> </u>               | OR | X\$18=                     |                        |
|  | Independent                                    | *   | Minus        | ***                           |                              | =                | X43=                 |                        | 1  | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDE         |   |              |                               | T CLAIM                      | 1                |                      |                        | OR | <b> </b>                   |                        |
|  |  |   |              |                               |                              |                  | +145=                |                        | OR | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE             |  |   |              |                               |                              |                  |                      |                        |    |                            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                               |                              |                  |                      |                        |    |                            |                        |